Application or	Docket	Number
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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

(Column 1) (Column 2)					_	SMALL ENTITY TYPE		ΩD		R THAN L ENTITY		
ТО	TAL CLAIMS	•	(Oolallii)		(Colui	111 2)	, [RATE	FEE	OR I I	RATE	FEE
			AU IMPER E	". FD	AU IMPO	D EVTDA	Ì	BASIC FEE	355.00		BASIC FEE	
FO			NUMBER F	ILED	NOWBE	R EXTRA	.	BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS 30 minus				us 20=	*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS 4 minus 3 = 1 /							X40=		OR	X80=	80.	
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=		
· • If	* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	790.
CLAIMS AS AMENDED - PART II							•				OTHER	
(Column 1) (Column 2) (Column 3)						_	SMALL ENTITY			SMALL		
AMENDMENTEA		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NOM	Total		Minus	**		=	Ż	X\$ 9=		OR	X\$18=	
AME	Independent	* -	Minus	***	T 01 4 11 4	=		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135 OR +270=											÷X.	
	TOTAL ADDIT, FEE OR ADDIT, FEE											
(Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total		Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent		Minus	***		=		X40=		OR	X80=	
	<u> </u>	NTATION OF MU		ENDEN	T CLAIM		┛	405		1	070	
N A	de endeditale	Medical Artist	B .					+135=		OR	+270=	1
	. • •		• , ***		•		٠	- TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	_	(Column 1)			ımn 2) HEST	(Column 3)	, .					•
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN	MBER IOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE
N N N	Total		Minus	**.		=		X\$ 9=		OR	X\$18=	
AME.	Independent	•	Minus	***]=	↓	X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	IT CLAIM		J	.125_			+270=	
	If the entry in colu	mn 1 is less than th	he entry in colu	mn 2, wri	te "0" in co	lumn 3.		+135=		OR	TOTAL	ļ
l ••	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												